## Wildland Firefighter Medical Exam Process Responsibilities

# Provides accurate contact information to Fire Management Officer (FMO) and contracted medical provider Comprehensive Health Services (CHS)

- Legal name
- Mailing address (where you want CHS to schedule your medical exam)
- Phone numbers work, work cell, home, personal cell
- E-mail address
- Date of Birth
- Unit Identifier (for example, ID-BOD)
- Social Security Number

#### Responds timely to request for information from contracted medical provider (CHS)

- Medical exam scheduling
- Request for additional medical information
- Fill out online questionnaire

### Attends exam with required information/items

- Exam Paperwork (only if CHS mailed it to you, otherwise it will be at the clinic)
- Photo ID
- Corrective lenses (if applicable)
- Bring pertinent medical information for existing medical issues
  - o Supporting documents, tests and notes from personal physician

#### Responsibilities

- Ensure all appropriate testing listed on the exam form is completed at the time of your exam
- If unable to make the scheduled appointment; reschedule through CHS, not the clinic at 1-888-636-8619
- Ensure you receive a "Qualified" determination letter through e-mail notification from CHS before you take the Work Capacity Test (WCT)
- Inform your FMO if your medical status (injury or illness) changes between medical exams